



Attorney Docket No. _____

Patent
019019-0091654/Image
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Paolo Alberto VERONESI et al.

Application No.: 10/516,613 ✓

Filing Date: December 3, 2004

Title: NASAL PEPTIDE PHARMACEUTICAL FORMULATION

Group Art Unit: 1614

Examiner:

Confirmation No.: 7113

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

~~Enclosed is a reply for the above identified patent application.~~☐ A Petition for Extension of Time is also enclosed.☐ Terminal Disclaimer(s) and the ☐ \$65.00 (2814) ☐ \$130.00 (1814) fee per
Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.☒ ~~Also enclosed is/are~~ Enclosed are a Second Preliminary Amendment, an Information Disclosure
Statement, PTO Form 1449 and copies of 24 references and inventors' combined declaration and power of
attorney _____

_____☒ Small entity status is hereby claimed.☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
☐ \$395.00 (2801) ☐ \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).☐ Applicant(s) requests that any previously unentered after final amendments not be entered.
Continued examination is requested based on the enclosed documents identified above.☐ Applicant(s) previously submitted _____

_____ on _____,
for which continued examination is requested.☐ Applicant(s) requests suspension of action by the Office until at least _____,
which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R.
§ 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also
enclosed.

- ☐ No additional claim fee is required.
- ☒ An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	40	MINUS 25 =	15	x \$50.00 (1202) =	\$ 750.00
Independent Claims	5	MINUS 3 =	2	x \$200.00 (1201) =	\$ 400.00
If Amendment adds multiple dependent claims, add \$360.00 (1203)					
Total Claim Amendment Fee					\$ 1,150.00
<input checked="" type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 575.00
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 575.00

- ☒ A check in the amount of \$ 575.00 is enclosed for the fee due.
- ☐ Charge _____ to Deposit Account No. 02-4800.
- ☐ Charge _____ to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: May 31, 2005

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